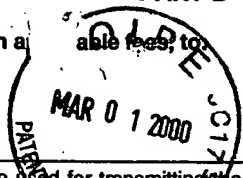


PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with a

able fee, to:

Box ISSUE FEE

Assistant Commissioner for Patents
Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All other correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

021567 MM12/1202
WELLS ST JOHN ROBERTS GREGORY AND MATKIN
SUITE 1300
601 W FIRST AVENUE
SPOKANE WA 99201-3828

I hereby certify that this issue fee is being hand-delivered to the Issue Fee Branch, Assistant Commissioner of Patents, Washington, D.C. 20231 on the date indicated below.

Sunny Downs
(Depositor's Name)
Sunny Downs
(Signature)
3-1-00
(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/920.329	08/20/97	049	JEANGLAUDE, J 2819	12/02/99
First Named Applicant: TUTTLE. 35 USC 154(b) term ext. = 0 Days.				

TITLE OF INVENTION: CARDS, COMMUNICATION DEVICES, AND METHODS OF FORMING AND ENCODING VISIBLY PERCEPTIBLE INFORMATION ON THE SAME

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2 MI40-081	340-825.310	E97	UTILITY	NO	\$1210.00	03/02/00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Wells, St. John, Robert
1 Gregory & Matkin P.S.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Micron Technology, Inc.

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Boise, Idaho

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☒ Issue Fee

☒ Advance Order - # of Copies 10

4b. The following fees or deficiency in these fees should be charged to:

DEPOSIT ACCOUNT NUMBER 23-0925

(ENCLOSE AN EXTRA COPY OF THIS FORM)

☒ Issue Fee (DEFICIENCIES)

☒ Advance Order - # of Copies 10

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

James D. Shaurette

James D. Shaurette
Reg. #39,833

(Date)

2/29/00

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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